			Comments
23	Understanding confirmed Detail in comments section any steps or adjustments made to ensure understanding	Yes(No)	REFUSES TO ENGAGE OR SPEAK. CONTINUALLY PACINO THE ROOM NO EYE CONTACT
24	Interpreter used	Yes/No)	Name of interpreter REFUSES TO ENGAGE.
25	Written copy of reasons (box 9) provided to detainee (within 2 hours of removal)	Provide date and time in comments box	22-8-17 1050HRS D. TOMSETT.
26	Has detainee requested copy to be e-mailed/faxed to his/her legal representative?	Yes(No)	Name of officer sending information and date/time sent
	Has detainee made representations against relocation?	Yes/No)	Name of officer sending information and date/time sent
27	Has detainee asked for these to be faxed to his/her legal representative?	Yes/No	Name of officer sending information and date/time sent and details of legal representative
28	Detainee on open ACDT	NO.	If yes, log no: If yes, confirm that all other options have been considered in accordance with DSO 6/2008 before Rule 40/42 invoked (and explain at box 9). If yes, confirm any further precautionary measures to be taken:

	Notification that Rule 40/42 has been invoked. The following must be notified and details recorded:				
	Who (requirement in brackets)	Name and position of person notified	Method	Date & Time	
29	Immigration Manager (without delay)	SIMON LEVER	E mail / <u>telephone</u> /in person	1040	
30	Duty supplier manager – when authorised by HOIE (without delay)	SARA GOWARDS	E mail /telephone /in person	22-3-17 10-60	
31	Medical practitioner (without delay)	STUALT	Email/telephone /in person	22-2-17	
32	IMB (without delay)	MOLYNDAUX	Email/tele phone /in person	21-8-17	
33	Managers of religious affairs/chaplaincy (without delay)	BASSIMA . GABRIEL.	Email/ telepho ne /in person	22/13/17 12/250N 10945	
34	IS 91 Part C completed (within 2 hours) Home Office Case worker to be notified by HOIE in office hours	MICHAEL YATES COMPLETEDS PARTC	Emai l/ iclepho ne /in person	22-8-17 1000	
35	Other (please specify)		Email/telephone /in person		

36	Justification for Rule40/42 beyond 24 hours - Please also state here the period of the authority. This must not automatically be the maximum permitted (no authority can exceed 14 days (Rule 40) or 3 days (Rule 42))

Authority for continued Rule 40/42 Beyond 24 hours up to the maximum 14 days (Rule 40) or 3 days (Rule 42) (HOIE Manager at SEO level or above or HMPPS Deputy Director of Custody or his/her appointed deputy who is not an officer of the IRC)

37	Full Name of person granting authority		
38	Grade		
39	Organisation		
40	Signature		
41	Date		
42	Time		
HMPPS-Confirmation HOIE team notified		Name of person notified:	Time of notification:

a la	asons for ongoing remo anguage that is understo ainee:		Comments
43	Understanding confirmed Detail in comments section any steps or adjustments made to ensure understanding	Yes/No	
44	Interpreter used	Yes/No	Name of interpreter
45	Written copy of reasons (box 36) provided to detainee. Within 2 hours.	Yes/No	Time and date:
46	Has detainee requested copy to be faxed to his/her legal representative?	Yes/No	Name of officer sending information and date/time sent and details of legal representative
	Has detainee made representations against ongoing relocation?	Yes/No	Name of officer sending information and date/time sent
47	Has detainee asked for these to be faxed to his/her legal representative?	Yes/No	Details of legal representative:

Rule 40/42 closed on Medical grounds

To be completed if Removal from Association or Temporary Confinement is deemed unsuitable by medical practitioner

48	Reasons for closu	re (To include medical practitioner's comments and signature)
Med	dical practitioner's	s details:
49	Qualification/title	
50	Name (print)	
51	Signature	
52	Date	

End of authorised period of Rule 40/42

53	Outcome		resu mouil fligh	med no	rnal E u	98500 Jung	ciation	ю
54	Escalated/De-esca Rule 40/42	lated t	0		Y= No			
55	Association resumed		Time	0910		Date	23/8/N	4
Su	oplier/HMPPS Cent	re Mai	nager/d	uty mana	ger's det	ails:		
56	Name (print)	T	AC	DB				
57	Signature		SIGNA	TURE				
58	Date	7	23/8	[A	hanna haddallanna ona annad 11 E a MARTANO (*** 145 E**) ha			
59	Time		39	(0)	gyana ya gupuka sama saya kana sa Sandaki ka dalah ka Sasilika da	and a service of the service of the service of		

ACI	ACDT opened whilst under Rule 40/42					
60	Opened					
61	Closed	N/A				
62	Log number					

	Notification that Rule 40/42 has been closed. The following must be notified details recorded:					
	Who (requirement in brackets)	Name of person notified	Method	Date & Time		
63	Immigration (without delay)	S. Levet	Email/telephone /in person	0°18 23/2		
65	Medical practitioner (without delay)	K. Churche	E mail/telepho ne /in person	CS15		
66	IMB (without delay)	Molgneux	E mail/telepnone /in person	23/8		
67	Managers of religious affairs/(chaplaincy (without delay)	ABI	E <u>mail/</u> leleph one (in person	0430		
68	IS 91 Part C completed (within 2 hours) Home Office Case worker to be notified by HOIE in office hours	DACOIS	Email/ <u>lelephon</u> e /i <u>n perso</u> n	1000		
69	Other (please specify)	NA	Email/telephone /in person			

DSO 02/2017 - Annex C

Daily Activity Record and Monitoring

1	Date	23/8/14
2	Name	D3049
3	CID ref	12408999

Record of Actions and Observations

This is to be completed by the supplier manager and duty officers and must be used to record all interactions/ observations and monitoring. It must include, but is not limited to, any changes in the agreed regime, any disruptive or escalated behaviour, interactions (other than visits recorded at Annex D), comments or dialogue of significance. Continuation sheet(s) must include the detainee's name and CID reference and be dated.

Time	Actions/Observations/Comments	Name (printed) and position	Signature
01.16	Aprelp on his back. No issues _	N. Williams	
03:30	Appears asleep on Mix Back	D CO Francis	
05.20	how mounal noted	<u> </u>	SIGNATURE
08-11	Refused his breakfast	DCO AG'CONNOR	
1			

DSO 02/2017 - Annex C

Daily Activity Record and Monitoring

1	Date	22/8/17	
2	Name	D3049	
3	CID ref	12408999	

Record of Actions and Observations

This is to be completed by the supplier manager and duty officers and must be used to record all interactions/ observations and monitoring. It must include, but is not limited to, any changes in the agreed regime, any disruptive or escalated behaviour, interactions (other than visits recorded at Annex D), comments or dialogue of significance. Continuation sheet(s) must include the detainee's name and CID reference and be dated.

Time	Actions/Observations/Comments	Name (printed)	Signature
Time	Actions/Observations/Comments	and position	Signature
08170	Arrived and Searched into	DCO G. SIGGINS	
P		G · Stadillo	
10:35	Ohuplarmy visit-	B-Galbrill	
		DC0	
1215	LETUSED LUNCH	0812W8	! !
17.70			
1120	REFUSED DINNER	THECARTHI	
70.15	Sitting on bed head on hands	Des	
		Siacins	SIGNATURE
21:05	Switched night light off for	N. Lollians	
2215	Dem night State obs D3049 20		
	laying in bed left Side appears		
	to be Bleeping	A-hyde-	
23:30	/ /	pko	
3.30	AT PRESENT	trancis	Ĺ,

Other visitor (please state) - Comments (include reasons if answered no to any of the questions below) Mr D3049 appeared very sleepy, holding his head. Spoke very little. Asted ix aware of RD's. Le confirmed he was Did not respond to Whether he would share a room. To move to Edn Wing, Hc to see later today to assess.

Start time of visit	09.00 (Am) Pm
End time of visit	09-07 (Am) Pm
Room entered	Yes) No
Direct Dialogue	(Yes) No
Interpreter used	Yes /No
Confirmed understanding	Ŷes)/ No
Name	5.Leveth
Position	Eo
Signature	SIGNATURE
	End time of visit Room entered Direct Dialogue Interpreter used Confirmed understanding Name Position

Mi	D3049 do not	with to speak with chaptern
26	Start time of visit End time of visit	Am / Pm 10:35 Am / Pm 10:35
26		Am /Pm 10:35
26 27	End time of visit	Am /Pm 10:35
26 27 28	End time of visit Room entered	Am /Pm 10:35
26 27 28 29	End time of visit Room entered Direct Dialogue	Am /Pm 10:35 Yes / No
225 226 227 228 229 330 331	End time of visit Room entered Direct Dialogue Interpreter used	Am /Pm 10:35 Yes / No
26 27 28 29	End time of visit Room entered Direct Dialogue Interpreter used Confirmed understanding	Am / PPA 10:35 Yess / No Yess / No

23/8/17

		((the positions)
			the taggons if answered no to any of the questions
1		Healthcare	- Comments (include reasons if answered no to any of the questions
	14	below)	
		Delow)	

Some understanding of English.

Stated no health care Issues at present.

Minimal interaction but stated he would

Share a room.

States he has not eaten for 7 days?

		(Im)/Pm	
15	Start time of visit	9-00 (Am) Pm	
16	End time of visit	9.07 Am/Pm	
17	Room entered	Yes) No	
18	Direct Dialogue	Yes/ No	
19	Interpreter used	Yes (No)	
20	Confirmed understanding	Yesy No	
21	Name	K. Churcher	
22	Position	S.R.MN	
23	Signature	SIGNATURE	



33	Signature		
34	Other visitor (please state	e) - Comments (include reasons if answered no to any	
of the questions below) SSLAT			
Su	Sum Mu D3049 on Nouss		
r-he	i		
3		21/14	
A	M	Runous of Rune 40	
	1 22	A wie An and	
12	a T	The 25th Amoust TO	
Ra	Son	Les 125 To	
	•		
35	Start time of visit	O960 Am/Pm	
36	End time of visit	6951 Am/Pm	
37	Room entered	Yes / No	
38	Direct Dialogue	Ves/No	
39	Interpreter used	Yes /M	
40	Confirmed understanding	(e)/No	
41	Name	SSKIT	
42	Position	Day Drawa	

Other visitor (please state) - Comments (include reasons if answered no to any of the questions below)		
Mr D3049 would not engage at first, despite numerous regress. Remained under his blanket. Etentrally he did st up. He confirmed must be understood Exprish a little. It was explained why he was in Cou for reprod to thank but that he would need to be noved for association. He appeared to understand this and indicated it wouldn't be a problem. Mr D3049 appeared very tired and not fully engaged. He said that he hadn't easen to T happen. Heather asked if he had medical problems, but he dright reply. Mr D3049 confirmed that he knew he had a flight to Poland in 2 days time [Friday. Arrall, very little said by Mr D3049, but he appeared to me to understand why he was in Council and that he would be moving to EWing laker.		
35 Start time of visit 9.00 (Am) Pm		
36 End time of visit 9.0 + Am / Pm		
37 Room entered (es) No		
38 Direct Dialogue Yes / No		
39 Interpreter used Yes / No		
40 Confirmed understanding (Yes)/ No		
41 Name MARY MOLYNUK		
42 Position IMB		
43 Signature SIGNATURE		

DSO 02/2017 - Annex E

Multidisciplinary team review record (New form to be completed each day)

1	Date	23.8.17
2	Name	D3049
3	CID ref	12408999

Attendees		endees Name	
4	Detainee (if not in attendance, record the reasons in the comments box below)	D3049	
5	HOIE Manager	SLIVET	
6	Supplier Centre Manager	SSKITT	
7	Case Manager (if on open ACDT)		SIGNATURE
8	Healthcare	K CHUKCHU	
9	Others (please specify)	M MULTNEUX	

Mai	Mandatory Regime – Make arrangements for fresh air and shower		
	Daily Regime Assessment	Yes / No and comment	
10	Access to phone	If no, confirmation detainee can access legal adviser.	
11	Toiletries	Ves	
12	Social visits	445	
13	Official visits	Yes	
14	Library book request	if leavests	
15	Daily shop order	IF Noust	
16	Recreational facilities e.g. gym	IF KEZZIUSTT	
17	Smoke breaks (if appropriate), access to lighter		
18	TV	9	
19	Internet	⊳ ō	